

ROUTING SLIP FOR INVOICES

DATE February 14, 2018

CONTRACTOR Caring to Love

PO # 2000224936

MONTH OF SERVICE August 2017 Supp

TO Jeanine

INITIAL REVIEW J

DATE 2/21/18

FSPS2 REVIEW

DATE

Program Manager 1/2 JS

DATE 2/23/18

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 2/23/18 EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT?

COMMENTS:

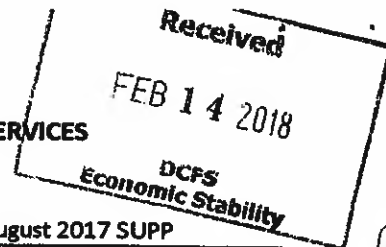
NO adjustments

Not reimbursed on original invoice



DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Cost Reimbursement Invoice Form



Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

August 2017 SUPP

Service Period

719685

Contractor/PO#

2000 224936-0817SUPP

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ -	\$ 27,880.86	\$ 27,880.86	\$ 45,079.14	
FRINGE BENEFITS	\$ 10,309.44	\$ -	\$ 4,293.17	\$ 4,293.17	\$ 6,016.27	
TRAVEL	\$ 1,080.00	\$ -	\$ 1,027.45	\$ 1,027.45	\$ 52.55	
OPERATING SERVICES	\$ 60,370.56	\$ -	\$ 19,452.24	\$ 19,452.24	\$ 40,918.32	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ -	\$ 46,500.00	\$ 46,500.00	\$ 47,700.00	
OTHER CHARGES	\$ 434,880.00	\$ 8,810.00	\$ 216,560.00	\$ 225,370.00	\$ 209,510.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ -	\$ 28,500.00	\$ 28,500.00	\$ 28,500.00	
TOTALS	\$ 730,800.00	\$ 8,810.00	\$ 344,213.72	\$ 353,023.72	\$ 377,776.28	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Dorothy Wallis, President/CEO
Signature of Authorized Contractor Representative and Title

2/12/2018
Date

FOR DCFS USE ONLY					
DCFS Invoice Number 224936 8175	Org	Obj	Rep Cat	Sub Obj	ACTV
	4274	3740	5071	line 2	
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program
Compliance
Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

Signature and Title of Authorized DCFS Official

Jeanine LeBlanc 2/21/18

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries
SERVICE PROVIDED: Abortion Alternative-Statewide.

ADDRESS 3813 N. Flannery Rd.
Baton Rouge, LA 70814

CONTACT PERSON: Dorothy Wallis
TITLE: President/CEO

REPORT CATEGORY # 5071
P. O. # 2000 224936
GRS ORG CODE # 4274
OBJECT CODE 3740
INVOICE # 2000224936-0817SUPP
PHONE # 225-273-1124

MONTH & YEAR August 2017 Supplemental
PARISH SERVED: Statewide

CUMM PREVIOUS 1st MONTH PARTICIPANTS	1105
1st MONTH PARTICIPANTS SERVED THIS MONTH:	0
CUMMULATIVE 1st MONTH PARTICIPANTS	1105

SECTION A-SALARY

Services Coordinator	Sanaretha Gray	0.00		
Home Prenatal Care Nurse	Kim Hardee	0.00		
Home Prenatal Care Educator	J Monic Adams	0.00		
Clerical Support Specialist		0.00		
	TOTAL SALARIES-Direct Svcs		0.00	0.00

SECTION B - FRINGE

Insurance	Direct Services	0.00		
FICA	Direct Services	0.00		
Worker's Compensation	Direct Services	0.00		
	TOTAL FRINGES-Direct Svcs		0.00	0.00

SECTION C - TRAVEL

Travel	Direct Services	0.00		
Travel	Direct Services	0.00		
	TOTAL TRAVEL-Direct Svcs		0.00	0.00

SECTION D - OPERATING EXPENSES

Printing	Direct Services	0.00		
Printing	Direct Services	0.00		
Office Supplies	Direct Services	0.00		
Copy Machine	Direct Services	0.00		
Internet Service	Direct Services	0.00		
Media	Direct Services	0.00		
Website	Direct Services	0.00		
KNOWforSURE	Direct Services	0.00		
	TOTAL OPERATING EXPENSES FOR MONTH		0.00	0.00

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

SECTION F - PROFESSIONAL

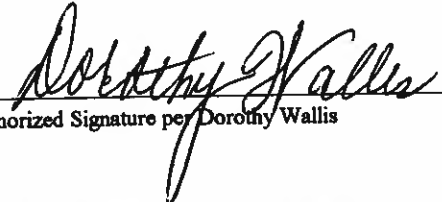
Accounting Services	Vickie Davis	0.00		
Performance Improvement Coord	Garcia Bodley	0.00		
Public Relations/Media Coord	Randy Rice	0.00		
Webmaster/Info Tech Cons.	Kathleen Benfield	0.00		
Information Technology Cons.	Turnkey	0.00		
Auditor Services	Michael Choate, CPA	0.00		
	JHam/Rita			
Professional Technical Svc	Michelle/Emily/Alexis	0.00		
	TOTAL PROFESSIONAL		0.00	0.00

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	0.00
Positive Pregnancy Test	\$ 10.00	59	590.00
Negative Pregnancy Test	\$ 10.00	-	0.00
Abstinence Education	\$ 30.00	-	0.00
Counseling	\$ 40.00	85	3,400.00
Referral Services	\$ 10.00	74	740.00
Health Risk Assessment	\$ 30.00	109	3,270.00
Care Plan Development	\$ 30.00	-	0.00
On-going Care	\$ 30.00	27	810.00
Family Support Services	\$ 40.00	1	40.00
Home Outreach Support Services	\$ 75.00	-	0.00
Birth Outcome Confirmation	\$ 40.00	(1)	-40.00
TOTAL OTHER CHARGES			8,810.00

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	-		
Health Insurance		-		
	TOTAL INDIRECT COST		-	
TOTAL INVOICE			\$	8,810.00


Authorized Signature per Dorothy Wallis

Project Administrator 2/9/2018
Date

OFS Approval

Telephone Number 2/9/2018
Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO: OM&F FISCAL
PAYMENT MANAGEMENT/CONTRACTS
PO BOX 3927
BATON ROUGE, LOUISIANA

P.O.# 200 224936 – 0817SUPP
ACH Transfer Detail Grid for August 2017

ction	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank Strn Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	CPC-Gonzales	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Hamn/a	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	n/a	n/a	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	n/a	n/a	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	10	12	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	13	15	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	16	18	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	19	21	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	n/a	n/a	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	22	24	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	25	27	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	n/a	n/a	Gulf Coast Bank & Tst	5

2/10/2018

Gulf Coast Bank and Trust



GULF COAST BANK
& Trust Company

Gulf Coast Bank and Trust Company LCP CHECKING 6649

\$613.26
Available Balance

Last Updated: 2/10/2018 5:54 PM

Start Date	End Date	Transaction Type
2/7/2018	<input type="text" value="31"/> to 2/10/2018	<input type="text" value="31"/>
Min Amount	Max Amount	Check #
	\$0.00 to	\$0.00 to

Apply Filters Reset

Date	Description	ACH Pg #	Amount
FEB 9 2018	Jan 2018 CPC		(\$15,735.00)
FEB 9 2018	Jan 2018 APC		(\$12,240.00)
FEB 9 2018	Jan 2018 WRC		(\$7,180.00)
FEB 9 2018	Jan 2018 Restoration		(\$5,435.00)
FEB 9 2018	Jan 2018 Access-Catholic		(\$1,560.00)
FEB 9 2018	Jan 2018 Gonzales		(\$1,210.00)
FEB 9 2018	Travel-Jan 2018		(\$52.55)
FEB 7 2018	D Wallis-Jan17		(\$4,500.00)
FEB 7 2018	Sept17 Suppl		(\$3,930.00)
FEB 7 2018	Aug17 Suppl	12	(\$2,955.00)
FEB 7 2018	Dec17 Media		(\$2,667.00)

2/10/2018

Gulf Coast Bank and Trust

ACH Pg #

(\$2,500.00)

FEB 7
2018 Sept17 Suppl

(\$2,340.00)

FEB 7
2018 Sept17 Suppl

(\$2,250.00)

FEB 7
2018 July17 Suppl

(\$2,200.00)

FEB 7
2018 Jan17

15

(\$2,175.00)

FEB 7
2018 Aug17 Suppl

(\$1,810.00)

FEB 7
2018 July17 Suppl

18

(\$1,620.00)

FEB 7
2018 Aug17 Suppl

(\$1,620.00)

FEB 7
2018 July17 Suppl

24

(\$1,520.00)

FEB 7
2018 Aug17 Suppl

(\$1,320.00)

FEB 7
2018 Oct17 Suppl

(\$1,125.00)

FEB 7
2018 Jan17

(\$875.00)

FEB 7
2018 Jan17 SPW

(\$800.00)

FEB 7
2018 Jan17

(\$710.00)

FEB 7
2018 July17 Suppl

(\$700.00)

FEB 7
2018 Jan17 P/R

(\$500.00)

FEB 7
2018 Jan17

27

(\$420.00)

FEB 7
2018 Aug17 Suppl Gonzales

(\$393.75)

FEB 7
2018 Jan17

(\$370.00)

FEB 7
2018 Sept17 Suppl Gonzales

2/10/2018

Gulf Coast Bank and Trust

ACT Pg #

(\$270.00)

FEB 7
2018

July17 Suppl

(\$250.00)

FEB 7
2018

Jan17

(\$250.00)

FEB 7
2018

Jan17

(\$180.00)

FEB 7
2018

Dec17 Suppl

(\$150.00)

FEB 7
2018

Jan17

(\$140.00)

FEB 7
2018

Sept17 Suppl

21 (\$120.00)

FEB 7
2018

Aug17 Suppl

(\$80.00)

FEB 7
2018

July17 Suppl Gonzales

+ \$2,500.00

FEB 7
2018

TMS Transfer from DDA#100637305 per Dorothy Wallis

PO# 2000 224936

SECTION G

OTHER CHARGES

***August 2017 SUPP BILLED ***

TOTAL ALL SUB REPORTS

Cumm from Last Month	1105	Cumm 2nd Visits Last Month	1099
Number of New Participants	-	New 2nd Visits	109
Cumulative Participants	1105	Cumm 2nd Visits	1208

Client Services:	UNIT COST	#Clients	TOTALS
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	59	\$ 590.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	85	\$ 3,400.00
Referral Services	\$ 10.00	74	\$ 740.00
Health Risk Assessment	\$ 30.00	109	\$ 3,270.00
Care Plan Development	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	27	\$ 810.00
Family Support Services	\$ 40.00	1	\$ 40.00
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	(1)	\$ (40.00)
TOTAL SUB-CONTRACTOR REIMBURSEMENT		364	\$ 8,810.00

Amount Due \$ 8,810.00

Summary:

Care Pregnancy Clinic	\$ 2,955.00
Women's Resource Center of Natch LA	\$ 2,175.00
A Pregnancy Center	\$ 1,620.00
Access Pregnancy-(Catholic Charities)	\$ 120.00
Women's Life Ministries	\$ -
Restoration House	\$ 1,520.00
CPC-Gonzales	\$ 420.00

TOTAL ALL CENTERS	\$ 8,810.00
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**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic
Project Number LCP17-18-01
Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/12/2018)
Report Submitted By Deborah Clayton
Address 3813 N. Flannery Rd.
City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:72 2nd:47 3rd:25 Pantry:73 Home:11 Postpartum:27

Description of Service	#Served	Reimb. Cost	Total
Intake Application	76	\$10	\$760
Positive Pregnancy Test	72 25 SA	\$10	\$720 250 SA
Negative Pregnancy Test	29	\$10	\$290
Abstinence Education	29	\$30	\$870
Counseling	72 25 SA	\$40	\$2880 1000 SA
Referral Services	72 23 SA	\$10	\$720 230 SA
Health Risk Assessment	83 36 SA	\$30	\$2490 1080 SA
Care Plan Development	47	\$30	\$1410
On-Going Care/Monitoring	26 12 SA	\$30	\$780 360 SA
Family Support Services	24	\$40	\$960
Home Outreach Support Services	11 1 SA	\$75	\$825 75 SA
Birth Outcome Confirmation	27 (1) SA	\$40	\$1080 (40) SA

Total Services ~~676~~ 121 SA \$ 14065 2955 SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>
Total Billed	<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature _____
Supervisor's Signature *Josephinda Adams* _____
Data Entry Clerk's Signature *Sanatella* _____

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	415	Cumm 2nd Visits Last Month	404
Number of New Participants for This Mon	-	New 2nd Visits	36
Cummulative Participants	415	Cumm 2nd Visits	440

Client Services:UNIT COST# ClientsTOTALS

Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	25	\$ 250.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	25	\$ 1,000.00
Referral Services	\$ 10.00	23	\$ 230.00
Health Risk Assessment	\$ 30.00	36	\$ 1,080.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	12	\$ 360.00
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	1	\$ 75.00
Birth Outcome Confirmation	\$ 40.00	(1)	\$ (40.00)
TOTAL SUB-CONTRACTOR REIMBURSEME		121	\$ 2,955.00

Amount Due \$ 2,955.00

2/6/2018



PO# 2000 224936-0817Supp
GULF COAST BANK
 & Trust Company

Gulf Coast Bank and Trust
Section G OTHER CHARGES

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77698	LCP CHECKING xxxxxx6649	\$2,955.00

Tracking ID: 77698**Total Amount:** \$2,955.00**Created:** 02/06/2018 2:46 PM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 02/06/2018 2:47 PM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 2/6/2018**Effective:** 2/7/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$2,955.00	XXXX6569	Checking	XXXXX0153	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS



12

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La
 Project Number LCP17-18-04
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/05/2018)
 Report Submitted By Danette Westfall
 Address 107 North Street
 City State Zip Natchitoches, LA 71457

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Date	Center ID
			Not Appr			

REIMBURSEMENT

New Pos. Clients:44 2nd:28 3rd:16 Pantry:45 Home:11 Postpartum:13

Description of Service	#Served	Reimb. Cost	Total
Intake Application	33	\$10	\$ 330
Positive Pregnancy Test	44 16 SA	\$10	\$ 440 160 SA
Negative Pregnancy Test	5	\$10	\$ 50
Abstinence Education	5	\$30	\$ 150
Counseling	44 16 SA	\$40	\$ 1760 640 SA
Referral Services	55 27 SA	\$10	\$ 550 270 SA
Health Risk Assessment	55 27 SA	\$30	\$ 1650 810 SA
Care Plan Development	28	\$30	\$ 840
On-Going Care/Monitoring	27 11 SA	\$30	\$ 810 280 SA
Family Support Services	17 1 SA	\$40	\$ 680 40 SA
Home Outreach Support Services	11 (-1)	\$75	\$ 825 175 SA
Birth Outcome Confirmation	23	\$40	\$ 920

Total Services 337 97 SA \$ 8605 2175 SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224

Women's Resource Center of Natch LCP-17-18-04

Cumm from Last Month	155	Cumm 2nd Visits Last Month	188
Number of New Participants for This Mon	-	New 2nd Visits	27
Cummulative Participants	155	Cumm 2nd Visits	215

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	16	\$ 160.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	16	\$ 640.00
Referral Services	\$ 10.00	27	\$ 270.00
Health Risk Assessment	\$ 30.00	27	\$ 810.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	11	\$ 330.00
Family Support Services	\$ 40.00	1	\$ 40.00
Home Outreach Support Services	\$ 75.00	(1)	\$ (75.00)
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEME		97	\$ 2,175.00

Amount Due \$ 2,175.00

2/6/2018



PO# 2000 224936-0817Supp
GULF COAST BANK
 & Trust Company

Gulf Coast Bank and Trust
Section G OTHER CHARGES

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77702	LCP CHECKING xxxxxx6649	\$2,175.00

Tracking ID: 77702**Total Amount: \$2,175.00****Created: 02/06/2018 2:47 PM****Total Payments: 1****Created By: DOROTHY WALLIS****From: LCP CHECKING xxxxxx6649****Authorized: 02/06/2018 2:48 PM****ACH Class Code: CCD****Authorized By: DOROTHY WALLIS****ACH Header: CARING TO LOVE M****Will process On: 2/6/2018****Effective: 2/7/2018****RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$2,175.00	XXXX078	Checking	XXXXX2949	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS

15

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization A Pregnancy Center & Clinic
 Project Number LCP17-18-103
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/06/2018)
 Report Submitted By Denise Williamson
 Address 913 S. College Rd Ste 206
 City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins Date	Center ID
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REIMBURSEMENT

New Pos. Clients:38 2nd:20 3rd:18 Pantry:48 Home:10 Postpartum:5

Description of Service	#Served	Reimb. Cost	Total
Intake Application	30	\$10	\$ 300
Positive Pregnancy Test	30 18 SA	\$10	\$ 300 180 SA
Negative Pregnancy Test	10	\$10	\$ 400
Abstinence Education	10	\$30	\$ 300
Counseling	30 18 SA	\$40	\$ 1200 720 SA
Referral Services	30 18 SA	\$10	\$ 300 180 SA
Health Risk Assessment	30 18 SA	\$30	\$ 1140 540 SA
Care Plan Development	20	\$30	\$ 600
On-Going Care/Monitoring	10	\$30	\$ 300
Family Support Services	10	\$40	\$ 400
Home Outreach Support Services	10	\$75	\$ 750
Birth Outcome Confirmation	5	\$40	\$ 200

Total Services 267 72 SA \$ 6600 1620 SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

☐
☐

Total Billed

☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

[Handwritten Signatures]

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy Center

LCP-17-18-103

Cumm from Last Month	231	Cumm 2nd Visits Last Month	250
Number of New Participants for This Mon	-	New 2nd Visits	18
Cummulative Participants	231	Cumm 2nd Visits	268

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	18	\$ 180.00
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	18	\$ 720.00
Referral Services	\$ 10.00	18	\$ 180.00
Health Risk Assessment	\$ 30.00	18	\$ 540.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	-	\$ -
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEME		72	\$ 1,620.00

Amount Due \$ 1,620.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77705	LCP CHECKING xxxxxx6649	\$1,620.00

Tracking ID: 77705

Total Amount: \$1,620.00

Created: 02/06/2018 2:49 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 2:49 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$1,620.00	X00X2775	Checking	X000X0222	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS

18

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities
Project Number LCP17-18-107-1
Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/05/2018)
Report Submitted By Kay Bongard
Address 511 Aris Avenue
City State Zip Metairie, LA 70005

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Coun Mins	Date	Center ID
			Not Appr				

REIMBURSEMENT

New Pos. Clients:13 Ind:13 3rd:4 Pantry:34 Home:0 Postpartum:1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	1	\$10	\$10
Positive Pregnancy Test	1	\$10	\$10
Negative Pregnancy Test	1	\$10	\$10
Abstinence Education	1	\$30	\$30
Counseling	1	\$40	\$40
Referral Services	1	\$10	\$10
Health Risk Assessment	1	\$30	\$30
Tate Plan Development	1	\$30	\$30
On-going Care/Monitoring	1	\$30	\$30
Family Support Services	1	\$40	\$40
Home Outreach Support Services	1	\$75	\$75
Birth Outcome Confirmation	1	\$40	\$40

120.34

Total Services 35A 120.34

☐ 2nd Positive and/or Negative Test Authorization

Adjustments: ☐ ☐

Total Billed: ☐ ☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature
Supervisor's Signature
Data Entry Clerk's Signature

M. Black
M. Mungley
Dorothy Wallis

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Chariti LCP-17-18-107-1

Cumm from Last Month	70	Cumm 2nd Visits Last Month	65
Number of New Participants for This Mon	-	New 2nd Visits	-
Cummulative Participants	70	Cumm 2nd Visits	65

Client Services:

	UNIT COST	# Clients	TOTALS
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	-	\$ -
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	3	\$ 120.00
Referral Services	\$ 10.00	-	\$ -
Health Risk Assessment	\$ 30.00	-	\$ -
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	-	\$ -
Family Support Services	\$ 40.00	-	\$ -
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEME		3	\$ 120.00

Amount Due \$ 120.00

GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77706	LCP CHECKING xxxxxx6649	\$120.00

Tracking ID: 77706

Total Amount: \$120.00

Created: 02/06/2018 2:49 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 2:50 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$120.00	XXXXX21274	Checking	XXXXX0137	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS



21

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.
 Project Number LCP17-18-116
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/06/2018)
 Report Submitted By Tara Hudgins
 Address
 City State Zip

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:21 2nd:20 3rd:19 Pantry:17 Home:6 Postpartum:3

Description of Service	#Served	Reimb. Cost	Total
Intake Application	22	\$10	\$ 220
Positive Pregnancy Test	21	\$10	\$ 210
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1	\$30	\$ 30
Counseling	18	\$40	\$ 720
Referral Services	33	\$10	\$ 330
Health Risk Assessment	43	\$30	\$ 1290
Care Plan Development	24	\$30	\$ 720
On-Going Care/Monitoring	20	\$30	\$ 600
Family Support Services	12	\$40	\$ 480
Home Outreach Support Services	6	\$75	\$ 450
Birth Outcome Confirmation	2	\$40	\$ 80

Total Services ~~220~~ 44 SA \$ ~~6030~~ 1520. SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments: ☐ ☐
 Total Billed ☐ ☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Beck
Charlotte
Kristi Behrner

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SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224

Restoration HouseLCP 17-18-116

Cumm from Last Month	131	Cumm 2nd Visits Last Month	137
Number of New Participants for This Mon	-	New 2nd Visits	22
Cummulative Participants	131	Cumm 2nd Visits	159

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	-	\$ -
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	19	\$ 760.00
Referral Services	\$ 10.00	-	\$ -
Health Risk Assessment	\$ 30.00	22	\$ 660.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	2	\$ 60.00
Family Support Services	\$ 40.00	1	\$ 40.00
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEME		44	\$ 1,520.00

Amount Due \$ 1,520.00

2/6/2018

PO# 2000 224936-0817Supp

Section G OTHER CHARGES


GULF COAST BANK
 & Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77707	LCP CHECKING xxxxxx6649	\$1,520.00

Tracking ID: 77707

Total Amount: \$1,520.00

Created: 02/06/2018 2:51 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 2:51 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$1,520.00	XXXX176	Checking	XXXXX5459	

Addenda: Aug17 Suppl

APPROVAL(S):

1 DOROTHY WALLIS

24

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales
 Project Number LCP17-18-01-1
 Date of Report 08/01/2017 thru 08/31/2017 (Report Printed: 02/05/2018)
 Report Submitted By Michelle Dyess
 Address 322 E. Worthy
 City State Zip Gonzales, LA 70737

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:6 2nd:6 3rd:4 Pantry:12 Home:2 Postpartum:1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	17	\$10	\$ 170
Positive Pregnancy Test	8	\$10	\$ 80
Negative Pregnancy Test	11	\$10	\$ 110
Abstinence Education	11	\$30	\$ 330
Counseling	10	\$40	\$ 400 160 SA
Referral Services	12	\$10	\$ 120 60 SA
Health Risk Assessment	12	\$30	\$ 360 180 SA
Care Plan Development	6	\$30	\$ 180
On-Going Care/Monitoring	6	\$30	\$ 180 60 SA
Family Support Services	7	\$40	\$ 280 (40) SA
Home Outreach Support Services	2	\$75	\$ 150
Birth Outcome Confirmation	2	\$40	\$ 80

Total Services ~~101~~ 17 SA \$ ~~2380~~ 420. SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

☐

☐

☐

☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Michelle Dyess
Michelle Dyess
Michelle Dyess

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224

CPC-Gonzales LCP 17-18-01-1

LCP 17-18-

Cumm from Last Month	67	Cumm 2nd Visits Last Month	24
Number of New Participants for This Mon	-	New 2nd Visits	6
Cummulative Participants	67	Cumm 2nd Visits	30

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	-	\$ -
Positive Pregnancy Test	\$ 10.00	-	\$ -
Negative Pregnancy Test	\$ 10.00	-	\$ -
Abstinence Education	\$ 30.00	-	\$ -
Counseling	\$ 40.00	4	\$ 160.00
Referral Services	\$ 10.00	6	\$ 60.00
Health Risk Assessment	\$ 30.00	6	\$ 180.00
Care Plan Care	\$ 30.00	-	\$ -
On-going Care	\$ 30.00	2	\$ 60.00
Family Support Services	\$ 40.00	(1)	\$ (40.00)
Home Outreach Support Services	\$ 75.00	-	\$ -
Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEME		17	\$ 420.00

Amount Due \$ 420.00

GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77708	LCP CHECKING xxxxxx6649	\$420.00

Tracking ID: 77708

Total Amount: \$420.00

Created: 02/06/2018 2:52 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 2:52 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$420.00	XXXX6569	Checking	XXXXX0153	

Addenda: Aug17 Suppl Gonzales

APPROVAL(S):

1 DOROTHY WALLIS